



U.S. Department of Transportation
National Highway Traffic Safety Administration

Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received
21-OCT-2015

Repository
Reference No.
10783869

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City NEWPORT State WA Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]
Evening Telephone Number [REDACTED]

E-mail Address [REDACTED]

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
3VWBP21C53M [REDACTED]
Make VOLKSWAGEN Model BEETLE Model Year 2003
Date Purchased 3/20/2008 Dealer's Name and Telephone Number [REDACTED] Engine: No: Cylinders Fuel Type: gas
Original Owner Dealer's City newport, washington State wa Zip Code 99156
Transmission Type automatic Antilock Brakes Cruise Control Powertrain Multiple Failure: total highway shutdown Incident Date(s) 20-OCT-2015

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 020000 SUSPENSION, ENGINE (PWS) Failure Mileage 189000 Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make Tire Model (Name or Number) Tire Size (Example P215/65R15)
DOT No. (Example: DOTM9ABC036) Original Equipment Prior Repair Failure Location:
Tire Component Code Tire Failure Type:

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: Date Manufactured: Model No./Name:
Seat Type: Installation System:
Child Seat Component Code: Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)

Crash Yes No Fire Yes No Number of Persons Injured Number of Deaths Reported to Police N

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

I WAS COMING HOME FROM BY ERS APPOINTMENT TODAY AND ON THE HIGHWAY 2 TOWARD HOME MY CAR LOST ALL POWER I HAD CARS ALL OVER FINALLY GOT OFF ROAD. WOULD NOT START SO HAD TOWED HOME. NO REASON FOR THIS. DATE TODAY OCTOBER 20 2015 AT 730 @ NITE. COLD BY MYSELF IN CAR. this happened twice and very dangerous and scary.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.